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**California
Medicine**



EDITORIAL

Plusses and Minuses

The California Medical Assistance Program

BECAUSE it may cast light on what to expect of the operation of the Federal "Medicare" program when it goes into effect 1 July, experience thus far with California's somewhat similar plan, which was begun 1 March of this year, is a matter of considerable interest to physicians the country over.

This comprehensive plan, called California Medical Assistance Program (CMAP), was passed by the 1965 Legislature "to pay for basic health care of eligible persons [the needy of various categories, including the aged indigent] . . . through a system of prepaid health care or contract with carriers." The State entered into a contract with California Physicians' Service and the California Blue Cross Plans to deal with claims under the program. More than 20 foundations for medical care have agreed with CPS to assist in reviewing physicians' claims.

The total number of potential eligibles under the program is estimated at about 2,500,000. A little less than half of that number is made up of persons who are on public assistance rolls, and the remainder comprises those who, although in the main self-supporting, might have to have help in event of need for extraordinary medical care.

During the first three months of the program, over 2,300,000 claims were received by the contractors from physicians, hospitals, nursing homes, home health agencies, rehabilitation centers, den-

tists, clinical laboratories, pharmacists, registered nurses, chiropractors, podiatrists, physical, occupational and speech therapists, optometrists, psychologists and those furnishing ambulance service, prosthetic devices, hearing aids and eyeglasses.

More than 105,000 claims have been received from hospitals, nursing homes and other institutions, and the amounts paid on those claims has reached about \$15,000,000. Drug claims led all the rest, numbering approximately one and a half million, on which \$1,240,000 has been paid. More than 350,000 physician claims have been received and \$4,500,000 has been paid on them.

Some claims have been returned for technical or administrative reasons such as insufficient information. Others have not been processed because the carrier cannot establish eligibility of the person treated. Some county welfare departments have experienced difficulty and delays in supplying up-to-date eligibility information that the CPS-Blue Cross administration must have to process claims.

Confusion among physicians and clinical laboratories has been caused by reduction of claims for clinical laboratory services. The reductions were made because the State Department of Finance imposed a maximum schedule of allowances on all clinical laboratory procedures, whether performed by a physician or in a licensed laboratory. The schedule adopted is based on the 1964 Relative Value Studies with unit values converted at a \$4 factor. Efforts to change this rule and this conversion factor have not yet been successful but they are still being pressed.

There have also been misunderstandings about allowances for medically necessary injections, immunization materials and other supplies furnished by the treating physician. On this point a clarifying letter of instruction has now been received by

INDEX



Volume 104
January-June 1966

AUTHOR INDEX

A	PAGE	F	PAGE
Allen, J. Garrott, <i>Palo Alto</i>	293	Faciana, Richard A., <i>Los Angeles</i>	395
Amar, Arjan D., <i>Walnut Creek</i>	106	Fine, Richard N., <i>Los Angeles</i>	395
Askey, John Martin, <i>Los Angeles</i>	6, 88, 175, 284, 377, 449	Forsham, Peter H., <i>San Francisco</i>	1, 359
B		Fraher, Margaret Ann, <i>San Francisco</i>	188
Bahuth, Joseph J., <i>Reseda</i>	307	G	
Balchum, Oscar J., <i>Los Angeles</i>	470	Galion, Elmer F., <i>Sacramento</i>	22
Barchas, Jack D., <i>Palo Alto</i>	272	Gilman, Richard A., <i>San Diego</i>	398
Bard, Gregory, <i>San Francisco</i>	309	Goldman, Ralph, <i>Los Angeles</i>	208
Barnett, Eugene V., <i>Los Angeles</i>	463	Gonda, Thomas A., <i>Palo Alto</i>	272
Bauer, Carl L., <i>Los Angeles</i>	475	Gordon, Arthur, <i>Los Angeles</i>	46
Bodily, Howard, <i>Berkeley</i>	166	Gould, William M., <i>Palo Alto</i>	392
Breslow, Lester, <i>Berkeley</i>	234, 532	Grodsky, Gerold M., <i>San Francisco</i>	1
Brill, Norman Q., <i>Los Angeles</i>	249	H	
Brodie, Donald C., <i>San Francisco</i>	289	Halde, Carlyn, <i>San Francisco</i>	188
Bucher, William H., <i>Los Angeles</i>	395	Harris, M. Robert, <i>San Francisco</i>	454
Bullock, Lewis T., <i>Los Angeles</i>	238	Hayman, Max, <i>Los Angeles</i>	345
C		Horton, Robert, <i>Santa Barbara</i>	366
Campbell, Thomas N., <i>Los Angeles</i>	208	I	
Casberg, Melvin A., <i>Long Beach</i>	381	Iben, Albert B., <i>Palo Alto</i>	387
Chapman, William E., <i>Palo Alto</i>	187	Irani, N. G., <i>Los Angeles</i>	278
Childs, Alfred W., <i>San Francisco</i>	411	J	
Clark, Edward E., <i>Palo Alto</i>	392	Jacobs, Edwin M., <i>San Francisco</i>	479
Clark, William H., <i>Berkeley</i>	352	Johnson, F. Deborah, <i>San Francisco</i>	479
Collipp, P. J., <i>Brooklyn, New York</i>	278	Jones, Malcolm D., <i>San Francisco</i>	309
Cox, Alvin J., <i>Palo Alto</i>	32	Jung, Ralph C., <i>Los Angeles</i>	470
Curtis, D. D., <i>Los Angeles</i>	57	K	
D		Karlan, Mitchell S., <i>Los Angeles</i>	437
Dandoy, Suzanne, <i>Los Angeles</i>	458	Kern, William H., <i>Los Angeles</i>	184
Deller, John J., Jr., <i>San Francisco</i>	1, 359	Ketterer, Warren, <i>Berkeley</i>	166
DiRaimondo, Vincent C., <i>San Francisco</i>	1	Klaiber, Edward L., <i>Palo Alto</i>	363
Donohugh, Donald L., <i>Orange</i>	421	Kraut, Benjamin, <i>San Diego</i>	398
Downing, George C., <i>Palo Alto</i>	187	Kroopf, Stanford S., <i>Palo Alto</i>	201
E		L	
Eisenberg, Ben C., <i>Huntington Park</i>	333	Larson, Roger K., <i>Fresno</i>	120
Enelow, Allen J., <i>Los Angeles</i>	16	Litman, Robert E., <i>Los Angeles</i>	168

KEY TO ABBREVIATIONS USED

(BRP)—Bureau of Research and Planning; (CMA)—California Medical Association; (CR)—Case Report; (CS)—Cancer Studies; (Ed.)—Editorial; (I)—Information; (LE)—Letter to Editor; (MSC)—Medical Staff Conference; (Or.)—Original Article; (PE)—Page End; (RSB)—Report of Scientific Board.

M	PAGE
MacIntosh, Donald N., <i>San Francisco</i>	272
Maller, Harold M., <i>Berkeley</i>	352
Manning, Phil R., <i>Los Angeles</i>	326

Maxwell, Morton H., <i>Los Angeles</i>	46
McCormack, Kenneth R., <i>San Francisco</i>	267
McCort, James J., <i>San Jose</i>	92
Meherin, J. Minton, <i>San Francisco</i>	11
Mikity, Victor G., <i>Los Angeles</i>	35
Milligan, Richard S., <i>Modesto</i>	204
Munson, Francis A., <i>Martinez</i>	401

N

Nebert, D. W., <i>Los Angeles</i>	57
Newton, Thomas H., <i>San Francisco</i>	267
Ng, Elmer, <i>Redwood City</i>	102
Nold, Beatrice, <i>Berkeley</i>	352
Norris, Frank D., <i>Berkeley</i>	368

O

Oakley, Claron, <i>Los Angeles</i>	534
Okun, Ronald, <i>Los Angeles</i>	46
Olsen, Perry A., <i>San Jose</i>	204
Oppenheimer, Peter, <i>Canoga Park</i>	51, 239

P

Parker, Jacob J., <i>Los Angeles</i>	35
Perlmutter, Robert, <i>Canoga Park</i>	313
Plachte, F., <i>Los Angeles</i>	278
Plunket, Daniel C., <i>San Francisco</i>	359
Popkin, Roy J., <i>Los Angeles</i>	54
Puffer, Jean, <i>Berkeley</i>	166

Q

Quinn, Francis B., Jr., <i>Canoga Park</i>	51
--	----

R

Rabwin, Marcus H., <i>Los Angeles</i>	437
Ramkisson, Reuben A., <i>Laguna Hills</i>	212
Reeves, James E., <i>San Diego</i>	203
Reimer, George W., <i>Redwood City</i>	102
Renteln, Henry A., <i>Berkeley</i>	352
Rossiter, Stanford B., <i>Redwood City</i>	102
Roth, Samuel E., <i>Los Angeles</i>	46

S U B J E C T I N D E X

A

Acromegaly: The Effects of Various Steroid Hormones on the Insulin-Induced Growth Hormone Response, John J. Deller, Jr., Vincent C. DiRaimondo, Gerold M. Grodsky, and Peter H. Forsham (Or.)	1
Actions, 1966 House of Delegates (CMA)	499
Acute Cardiac Care—The Role of the Registered Nurse, Joint Statement by the California Medical Association, California Hospital Association, and California Nurses' Association (CMA), [see also <i>Statement on Coronary Care Units (RSB)</i>].....	228
Acute Intermittent Porphyria (MSC).....	488
Acute Leukemia (MSC).....	215
Acute Renal Failure (MSC).....	404
Acute Renal Tubular Necrosis Due to Water Intoxication, James E. Reeves (CR).....	203
Acutely Suicidal Patients—Management in General Medical Practice, Robert E. Litman (Or.).....	168
Adolescent Patient, Troubled, How the General Practitioner May Be Helpful, Wilson Yandell (Or.)	26
Aftercare of State Hospital Patients—The Role of the General Practitioner, Elmer F. Galioni (Or.)..	22
Agenesis, Symmetry and Splenic, see <i>Syndrome of Cyanosis</i>	
Alcoholism and Motivation, see <i>The Medical Practitioner</i>	

<h3>S</h3>	
Sams, Wiley M., <i>Miami, Florida</i>	97
Sanders, Ben, <i>Canoga Park</i>	313
Segre, Eugene J., <i>Palo Alto</i>	363
Shafer, A. William, <i>La Jolla</i>	161
Shahinian, Lee, <i>Los Altos</i>	110
Shapiro, Richard S., <i>Huntington Park</i>	333
Shipley, Paul W., <i>Berkeley</i>	368
Siegel, Ronald S., <i>Los Angeles</i>	184
Slate, William G., <i>Los Angeles</i>	179
Smith, Dan S., <i>San Diego</i>	398
Steel, Lowell F., <i>Chico</i>	41
Stein, Justin J., <i>Los Angeles</i>	443
Stirrett, R. L., <i>Arcadia</i>	113
Stone, Bernard S., <i>San Francisco</i>	309
Summers, John E., <i>Sacramento</i>	423

T

Taylor, Keith B., <i>Palo Alto</i>	191
Toole, Gerald J., <i>San Jose</i>	204
Toyama, Mitsunobu, <i>Los Angeles</i>	470

W

Walker, Weldon J., <i>Los Angeles</i>	475
Walton, Robert G., <i>Modesto</i>	32
Wanebo, Harold, <i>New York, N.Y.</i>	484
Weinstein, Morton R., <i>San Francisco</i>	79
Westerhout, Fritz C., Jr., <i>Los Angeles</i>	179
Wingert, Willis A., <i>Los Angeles</i>	332
Winkley, John H., <i>Reseda</i>	307
Wood, David A., <i>San Francisco</i>	479
Wood, Newell E., <i>San Jose</i>	204
Wood, Ronald, <i>Berkeley</i>	166

Y

Yandell, Wilson, <i>San Francisco</i>	26
Z	
Ziering, William H., <i>Fresno</i>	120

Ambulatory Treatment of the Psychotic Crisis, Morton R. Weinstein (Or.).....	79
Amendments to Constitution and Bylaws, Proposed for action in 1966 (CMA)	68
Actions	520
Amendments to Constitution and Bylaws, Proposed for action in 1967 (CMA)	521
Amphotericin B, Preoperative and Postoperative Therapy With, see <i>Disseminated Cryptococcosis</i>	
Ampicillin and Streptomycin, see <i>Hemophilus Aphrophilus Endocarditis</i>	
Amyloidosis, Primary, with Death Due to Progressive Hypotension, Thomas N. Campbell and Ralph Goldman (CR)	208
Androgen Administration, see <i>Growth Hormone Studies</i>	
Animal Legislation in the 89th Congress, see <i>Outlook for Restrictive</i>	
Annual Session—1966 (Ed.)	409
Anomalies, Congenital, and Congenital Adrenal Hyperplasia, P. J. Collipp, N. G. Irani and F. Plachte (Or.)	278
Antibodies, see <i>Antinuclear</i>	
Anticoagulant Drug Therapy, see <i>Hemorrhage During Long-Term</i>	
Anticoagulant Drug Therapy, Hematoma During, see <i>Small Bowel Obstruction</i>	

Antinuclear Antibodies and Nuclear Antigens—Review Article, Eugene V. Barnett (Or.)	463
Audio-Digest Foundation, see <i>Tape Recordings</i>	
Autopsy in California, Frank D. Norris and Paul W. Shipley (Or.)	368
 B	
Benign Tumor of the Common Bile Duct, Joseph J. Bahuth and John H. Winkley (CR)	307
Bile Duct, Common, see <i>Benign Tumor of the</i>	
Bilirubin Metabolism, Disorders of (MSC)	124
Bleeding Episodes, Unusual, see <i>Hemorrhage During Long-Term Anticoagulant Drug Therapy</i>	
Bleeding, Relationship of Minor to Serious, see <i>Hemorrhage During Long-Term Anticoagulant Drug Therapy</i>	
Bowel Obstruction, Small, Due to Intramural Hematoma During Anticoagulant Drug Therapy—A Non-Surgical Condition, John Martin Askey (Or.)	449
Brain Tumors, see <i>Diagnosis of</i>	
(Breslow, Lester) California's New Director of Public Health (Ed.)	61
Bylaw and Constitutional Amendments (1966) Proposed for Action (CMA)	68
Actions	520
Bylaw and Constitutional Amendments (1967), Proposed (CMA)	521
 C	
California, Autopsy in, Frank D. Norris and Paul W. Shipley (Or.)	368
California Hospital Association, see <i>Acute Cardiac Care and Role of the Nurse (Joint Statement)</i>	
California Medical Assistance Program (Ed.)	497
California Nurses' Association, see <i>Acute Cardiac Care and Role of the Nurse (Joint Statement)</i>	
California's New Director of Public Health (Lester Breslow) (Ed.)	61
California's New Evidence Code, see <i>Privileged Communications</i>	
Cancer Advisory Council, Public Health Report (CMA)	532
Cancer, Goals for California Against, Lester Breslow (Or.)	254
Cancer, Lung, Improved Cytologic Detection by Inducing Production of Sputum, Lowell F. Steel (Or.)	41
Carcinoma, Periampullary, see <i>Partial and Total Pancreatectomy for</i>	
Cardiac Care, see <i>Acute Cardiac Care (Joint Statement)</i> and <i>Coronary Care Units</i>	
Casey Bill, The (Ed.)	60
Cervico-Vaginal Smears, Cytologic Examination, Robert Horton (Or.)	366
Cholangiography, Percutaneous Transhepatic, Report of a Technique, James J. McCort (Or.)	92
Cholangitis, Sclerosing (MSC)	129
Chronic Myeloid Leukemia, see <i>Hodgkin's Disease</i>	
CMAP (Ed.)	497
Colitis, Ulcerative, Keith B. Taylor (Or.)	191
Community Hospital, Continuing Education in the, Alfred W. Childs (CMA)	411
Community Mental Health, M. Robert Harris (Or.)	454
Comparative Evaluation of Rheumatic Activity—A Study of Relationship Between Histologic Changes and Serologic Test Results, Ronald S. Siegel and William H. Kern (Or.)	184

Congenital Adrenal Hyperplasia, see <i>Congenital Anomalies</i>	
Congenital Anomalies and Congenital Adrenal Hyperplasia, P. J. Collipp, N. G. Irani and F. Plachte (Or.)	278
Congress, 89th, Animal Legislation in, see <i>Outlook for Restrictive</i>	
Constitutional Amendments for Action in 1966 (CMA)	68
Actions	520
Constitution and Bylaw Amendments, 1967, Proposed	521
Continuing Education in the Community Hospital, Alfred W. Childs (CMA)	411
Continuing Medical Education:	
Medical Radio Conferences	141
Evaluating Postgraduate Courses	326
Continuing Education in the Community Hospital	411
Coronary Care Units [see also <i>Acute Cardiac Care (CMA)</i>]	201
CPS, Important New Job for (Ed.)	315
Cryptococcosis, Disseminated, Multiple System Involvement; Preoperative and Postoperative Therapy With Amphotericin B and Removal of a Pulmonary Lesion, R. L. Stirrett (CR)	113
Cryptococcus Neoformans in Pigeon Feces in San Francisco, Carlyn Halde and Margaret Ann Fraher (Or.)	188
Current Status of Heart Replacement, Albert B. Iben (Or.)	387
Cutaneous Lupus Erythematosus, Early, Wiley M. Sams (Or.)	97
Cyanosis, Syndrome of, Symmetry and Splenic Agenesis, William H. Ziering and Roger K. Larson (CR)	120
Cystic Fibrosis and Hypoproteinemia, D. W. Nebert and D. D. Curtis (CR)	57
Cytologic Detection (of) Lung Cancer by Inducing Production of Sputum, Lowell F. Steel (Or.)	41
 D	
Decompression of the Facial Nerve—A Surgical Emergency, Lee Shahinian (Or.)	110
Desferrioxamine, Use of, in Treatment of Acute Ferrous Sulfate Intoxication, Robert Perlmutter and Ben Sanders (CR)	313
Diagnosis of Brain Tumors—A Comparison of Photo-scanning and Neuroradiological Techniques, Kenneth R. McCormack and Thomas H. Newton (Or.)	267
Diarrhea of Travelers, The—Incidence in Foreign Students in the United States, Suzanne Dandoy (Or.)	458
Disorders of Bilirubin Metabolism (MSC)	124
Disseminated Cryptococcosis—Multiple System Involvement; Preoperative and Postoperative Therapy With Amphotericin B and Removal of a Pulmonary Lesion, R. L. Stirrett (CR)	113
Diurnal Variation in Pituitary-Adrenocortical Activity, see <i>Therapeutic Utilization of the</i>	
Duodenum, Leiomyoma of the, as an Unsuspected Source of Bleeding, Francis A. Munson (CR)	401
 E	
Early Cutaneous Lupus Erythematosus, Wiley M. Sams (Or.)	97
Endocarditis, see <i>Hemophilus Aphrophilus</i>	
Eosinophils and Eosinophilia, Donald L. Donohugh (Or.)	421

Erythematosus, Systemic Lupus, see <i>Thrombotic Thrombocytopenic Purpura</i>	
Etiology of Leukemia—A Review, A. William Shafer (Or.)	161
Evaluating Postgraduate Courses, Phil R. Manning, Los Angeles (CMA).....	326
Extremity, Lower, Injuries, see <i>Office Treatment of F</i>	
Facial Nerve, Decompression of the, A Surgical Emergency, Lee Shahinian (Or.).....	110
Feces, Pigeon, see <i>Cryptococcus Neoformans</i>	
Ferrous Sulfate Intoxication, Acute, see <i>Use of Desferrioxamine in Treatment of</i>	
Fibrosis, Cystic, and Hypoproteinemia, D. W. Nebert and D. D. Curtis (CR).....	57
Fluorescent Treponemal Antibody Tests—A Summary and Comparison, Jean Puffer, Warren Kettner, Howard Bodily and Ronald Wood (Or.).....	166
For Affliction Does Not Come from the Dust, Melvin A. Casberg (Or.).....	381
FTA Tests, see <i>Fluorescent Treponemal Antibody Tests</i>	
Function of the Well Man Clinic, Lewis T. Bullock (LE)	238
G	
Gastrointestinal Hemorrhage, see <i>Hemorrhage During Long-Term Anticoagulant Drug Therapy</i>	
Goals for California Against Cancer, Lester Breslow (Or.)	254
Goodpasture's Syndrome—Report of a Case with an Unusual Clinical Course, Ralph C. Jung, Mitsu-nobu Toyama and Oscar J. Balchum (CR).....	470
Granuloma Inguinale—Report of a Case in California, with Notes on Pathogenesis, William M. Gould and Edward E. Clark (CR).....	392
Growth Hormone Response, see <i>Acromegaly</i>	
Growth Hormone Studies in Growth Retardation— Therapeutic Response to Administration of Androgen, John J. Deller, Jr., Daniel C. Plunket and Peter H. Forsham (Or.).....	359
Growth Retardation, see <i>Growth Hormone Studies</i>	
Gwin, William M., M.D., Roy J. Popkin (Or.).....	54
H	
Health Care, Federalized, Professional Problems in (BRP)	146
Health Insurance Coverage, Voluntary, in California (BRP)	233
Health Personnel in California, Measures of (BRP)	334
Heart Replacement, Current Status of, Albert B. Iben (Or.)	387
Hematoma, Intramural, see <i>Small Bowel Obstruction</i>	
Hemophilus Aphrophilus Endocarditis Successfully Treated with Ampicillin and Streptomycin, Carl L. Bauer and Weldon J. Walker (CR).....	475
Hemorrhage During Long-Term Anticoagulant Drug Therapy, John Martin Askey:	
I—Intracranial Hemorrhage	6
II—Gastrointestinal Hemorrhage	88
III—Relationship of Minor to Serious Bleeding.....	175
IV—Selection and Management of Patients.....	284
V—Unusual Bleeding Episodes.....	377
Hepatitis, Infectious, in California, A Community-Wide Epidemic, Harold M. Maller, Beatrice Nold, William H. Clark, and Henry A. Renteln (Or.)....	352
Hepatitis, Post-Transfusion, A Serious Clinical Problem, J. Garrott Allen (Or.).....	293
Histologic Changes and Serologic Test Results, see <i>Comparative Evaluation of Rheumatic Activity</i>	
Hodgkin's Disease Terminating in Chronic Myeloid Leukemia, F. Deborah Johnson, Edwin M. Jacobs and David A. Wood (CR).....	479
Hormone Response, see <i>Acromegaly</i>	
Hormone Studies, Growth, in Growth Retardation, Therapeutic Response to Administration of Androgen, John J. Deller, Jr., Daniel C. Plunket and Peter H. Forsham (Or.).....	359
Hormones, Effects of, see <i>Acromegaly</i>	
Hospital Patients, State, Aftercare of, Role of the General Practitioner, Elmer F. Galioni (Or.).....	22
(Hospital Staff) Utilization Review Plan (Ed.).....	133
House of Delegates Actions—1966 (CMA).....	499
Hyperplasia, Congenital Adrenal, see <i>Congenital Anomalies</i>	
Hypertension, Methyldopa in, see <i>Long-Term Effectiveness of</i>	
Hypertrophic Subaortic Stenosis (MSC).....	300
Hyperuricemia, see <i>Tuberculous Tenosynovitis</i>	
Hypoplastic Odontoid Process, see <i>Occipitalization of Atlas with</i>	
Hypoproteinemia and Cystic Fibrosis, D. W. Nebert and D. D. Curtis (CR).....	57
Hypotension, Progressive, see <i>Primary Amyloidosis</i>	
I	
Important Meeting in Prospect, An (Ed.).....	223
Important New Job for CPS (Ed.).....	315
Infectious Hepatitis in California—A Community-Wide Epidemic, Harold M. Maller, Beatrice Nold, William H. Clark, and Henry A. Renteln (Or.)....	352
Infectious Mononucleosis with Central Nervous System Involvement, Richard N. Fine, Richard A. Faciana and William H. Bucher (CR).....	395
Insulin-Induced Growth Hormone Response, see <i>Acromegaly</i>	
Intestinal Perforation in Early Infancy, see <i>Diagnostic Radiographic Diagnosis of</i>	
Intracranial Hemorrhage, see <i>Hemorrhage During Long-Term Anticoagulant Drug Therapy</i>	
Intramural Hematoma, see <i>Small Bowel Obstruction</i>	
J	
John G. Morrison, President-Elect (CMA).....	317
Joint Statement of California Nurses' Association, California Hospital Association, and California Medical Association, see <i>Role of the Nurse (CMA)</i>	
Joint Statement on Acute Cardiac Care, see <i>Acute Cardiac Care</i> (see also <i>Coronary Care Units</i>)	
Junctional Component (of) Pigmented Nevus, Induced Changes in the, Alvin J. Cox and Robert G. Walton (Or.)	32
Legislation, Animal, see <i>Outlook for Restrictive</i>	
Leiomyoma of the Duodenum as an Unsuspected Source of Bleeding, Francis A. Munson (CR).....	401
L	
Leukemia, Acute (MSC).....	215
Leukemia, Chronic Myeloid, see <i>Hodgkin's Disease</i>	
Leukemia, Etiology of, A Review, A. William Shafer (Or.)	161
Long-Term Effectiveness of Methyldopa in Hypertension, Ronald Okun, Samuel E. Roth, Arthur Gordon, and Morton H. Maxwell (Or.).....	46
Lower Extremity Injuries, see <i>Office Treatment of</i>	

Lung Cancer—Improved Cytologic Detection by Inducing Production of Sputum, Lowell F. Steel (Or.)	41
Lupus Erythematosus, see <i>Early Cutaneous and Thrombotic Thrombocytopenic Purpura</i>	
Lymphoma, Malignant, Management of Patients with, Justin J. Stein (Or.)	443
M	
Management of Patients with Malignant Lymphoma, Justin J. Stein (Or.)	443
Measures of Health Personnel in California (BRP)	334
Medical Education, see <i>Continuing Medical Education</i>	
Medical Practitioner, Alcoholism and Motivation, The, Max Hayman (Or.)	345
Medical Radio Conferences, Seymour M. Farber, M.D., Dean of Educational Services and Director of Continuing Education, Health Sciences, U. C. School of Medicine, San Francisco (CMA)	141
Medical Staff Conferences:	
Disorders of Bilirubin Metabolism	124
Sclerosing Cholangitis	129
Acute Leukemia	215
Hypertrophic Subaortic Stenosis	300
Acute Renal Failure	404
Medical Supervision of Organic Phosphate Pesticide Workers—A Statement Prepared by the CMA Committee on Occupational Health (CMA)	323
Mental Disorder, Prevention of, Role of the General Practitioner, Allen J. Enelow (Or.)	16
Mental Health, Community, M. Robert Harris (Or.)	454
Methyldopa in Hypertension, see <i>Long-Term Effectiveness of</i>	
Mononucleosis, Infectious, with Central Nervous System Involvement, Richard N. Fine, Richard A. Faciana and William H. Bucher (CR)	395
Morrison, John G., President-Elect (CMA)	317
Myasthenia Gravis with Thymic Tumor, Dan S. Smith, Benjamin Kraut, and Richard A. Gilman (CR)	398
Myeloid Leukemia, Chronic, see <i>Hodgkin's Disease</i>	
N	
Nerve, Facial, see <i>Decompression of the Nervous System Involvement, Central</i> , see <i>Infectious Mononucleosis</i>	
Neuroradiological Techniques, Photoscanning, see <i>Diagnosis of Brain Tumors</i>	
Nevi, Pigmented, Induced Changes in the Junctional Component, Alvin J. Cox and Robert G. Walton (Or.)	32
New Dean at Davis (Tupper)	73
Nuclear Antigens, see <i>Antinuclear Antibodies</i>	
Nurses, see <i>Role of the Nurse</i>	
O	
Occipitalization of Atlas with Hypoplastic Odontoid Process: A Cineradiographic Study, Malcolm D. Jones, Bernard S. Stone and Gregory Bard (CR)	309
Office Treatment of Lower Extremity Injuries—A View of Feasibility, Limitations and Hazards, J. Minton Meherin (Or.)	11
On "Pollen and Mold Spores—An Atmospheric and Field Survey," Willis A. Wingert (LE)	332
On "Pollen and Mold Spores—An Atmospheric and Field Survey," Author's Reply, Ben C. Eisenberg and Richard S. Shapiro (LE)	333
Organic Phosphate Pesticide Workers, see <i>Medical Supervision of</i>	
Outlook for Restrictive Animal Legislation in the 89th Congress, Donald C. Brodie (Or.)	289

P

Pancreatectomy, Partial and Total, for Periampullary Carcinoma, Marcus H. Rabwin and Mitchell S. Karlan (Or.)	437
Papanicolaou Smears, see <i>Cervico-Vaginal Smears</i>	
Partial and Total Pancreatectomy for Periampullary Carcinoma, Marcus H. Rabwin and Mitchell S. Karlan (Or.)	437
Percutaneous Transhepatic Cholangiography—Report of a Technique, James J. McCort (Or.)	92
Periampullary Carcinoma, see <i>Partial and Total Pancreatectomy for</i>	
Pesticide Workers, see <i>Medical Supervision of</i>	
Photoscanning, see <i>Diagnosis of Brain Tumors</i>	
Pigeon Feces, see <i>Cryptococcus Neoformans</i>	
Pigmented Nevi—Induced Changes in the Junctional Component, Alvin J. Cox and Robert G. Walton (Or.)	32
Pituitary-Adrenocortical Activity, see <i>Therapeutic Utilization of the Diurnal Variation in</i>	
Plusses and Minuses—California Medical Assistance Program (Ed.)	497
Porphyria, Acute Intermittent (MSC)	488
Postgraduate Courses, Evaluating, Phil R. Manning, Los Angeles (CMA)	326
Post-Transfusion Hepatitis—A Serious Clinical Problem, J. Garrott Allen (Or.)	293
Practitioner, General, How (he) May Be Helpful, see <i>Troubled Adolescent Patient</i>	
Practitioner, General, Role of the, see <i>Aftercare of State Hospital Patients</i>	
Practitioner, General, Role of the, see <i>Prevention of Mental Disorder</i>	
Pregnancy and Smoking, A Statistical Study of 5,659 Patients, George C. Downing and William E. Chapman (Or.)	187
Pregnancy and Urinary Calculi, Arjan D. Amar (Or.)	106
President-Elect, John G. Morrison (CMA)	317
Prevention of Mental Disorder—Role of the General Practitioner, Allen J. Enelow (Or.)	16
Primary Amyloidosis with Death Due to Progressive Hypotension, Thomas N. Campbell and Ralph Goldman (CR)	208
Privileged Communications—The Effect of California's New Evidence Code as it Concerns Physicians and Psychotherapists, Thomas A. Gonda, Jack D. Barchas, and Donald N. MacIntosh (Or.)	272
Professional Problems in Federalized Health Care Abroad (BRP)	146
Proposed Constitutional Amendments for Action in 1966 (CMA)	68
Actions	520
Proposed Constitutional and Bylaw Amendments for Action in 1967 (CMA)	521
Proteinosis, Pulmonary Alveolar, Review of the Literature with Follow-up Studies and Report of Two New Cases, John E. Summers (Or.)	423
Psychotherapy, Results of, Norman Q. Brill (Or.)	249
Psychotic Crisis, Ambulatory Treatment of the, Morton R. Weinstein (Or.)	79
Pulmonary Alveolar Proteinosis—Review of the Literature with Follow-up Studies and Report of Two New Cases, John E. Summers (Or.)	423
Pulmonary Embolism, Massive, see <i>Surgical Treatment of</i>	
Pulmonary Lesion, see <i>Disseminated Cryptococcosis</i>	
Purpura, see <i>Thrombotic Thrombocytopenic</i>	

Q

- Quick Tracheotomy—Incision at an Easily Identifiable, Relatively Safe Site, Peter Oppenheimer and Francis B. Quinn, Jr. (Or.) (LE) 51, 239

R

- Radiographic Diagnosis of Intestinal Perforation in Early Infancy, Jacob J. Parker and Victor G. Mikity (Or.) 35

- Relationship of Minor to Serious Bleeding, see *Hemorrhage During Long-Term Anticoagulant Drug Therapy*

- Renal Failure, Acute (MSC) 404

- Renal Masses, see *Renal Puncture*

- Renal Puncture—A Neglected Aid in the Diagnosis of Renal Masses, Elmer Ng, Stanford B. Rossiter and George W. Reimer (Or.) 102

- Renal Tubular Necrosis, Acute, Due to Water Intoxication, James E. Reeves (CR) 203

- Results of Psychotherapy, Norman Q. Brill (Or.) 249

- Retardation, Growth, see *Growth Hormone Studies*

- Rheumatic Activity, see *Comparative Evaluation of*

- Role of the Nurse in Drawing Blood for Test Purposes—Joint Statement by the California Nurses' Association, the California Hospital Association, and the California Medical Association (CMA) 412

S

- Sclerosing Cholangitis (MSC) 129

- Selection and Management of Patients, see *Hemorrhage During Long-Term Anticoagulant Drug Therapy*

- Serologic Test Results and Histologic Changes, see *Comparative Evaluation of Rheumatic Activity*

- Small Bowel Obstruction Due to Intramural Hematoma During Anticoagulant Drug Therapy—A Non-Surgical Condition, John Martin Askey (Or.) 449

- Smoking and Pregnancy—A Statistical Study of 5,659 Patients, George C. Downing and William E. Chapman (Or.) 187

- Splenic Agenesis, see *Syndrome of Cyanosis*

- Sputum, Inducing Production of (for) Improved Cytologic Detection of Lung Cancer, Lowell F. Steel (Or.) 41

- State Hospital Patients, see *Aftercare of*

- Statement on Coronary Care Units—Stanford S. Kroopf, M.D., Chairman, Project Committee on Coronary Care Units, California Heart Association (RSB) 201

- Statement on Medical Supervision of Organic Phosphate Pesticide Workers (CMA) 323

- Steroid Hormones, see *Acromegaly*

- Streptomycin and Ampicillin, see *Hemophilus Aphrophilus Endocarditis*

- Subaortic Stenosis, Hypertrophic (MSC) 300

- Suicidal Patients, see *Acutely*

- Surgical Treatment of Massive Pulmonary Embolism, Richard S. Milligan, Perry A. Olsen, Gerald J. Toole and Newell E. Wood (CR) 204

- Syndrome, see *Goodpasture's Syndrome*

- Syndrome of Cyanosis, Symmetry and Splenic Agenesis, William H. Ziering and Roger K. Larson (CR) 120

T

- Tape Recordings in Medical Education—The Pioneering Role Played by the CMA's Audio-Digest Foundation (I) 534

- Tenosynovitis, see *Tuberculous*

- Therapeutic Utilization of the Diurnal Variation in Pituitary-Adrenocortical Activity, Eugene J. Segre and Edward L. Klaiber (Or.) 363

- Thrombotic Thrombocytopenic Purpura and Systemic Lupus Erythematosus, Reuben A. Ramkisson (CR) 212

- Thymic Tumor, Myasthenia Gravis with, Dan S. Smith, Benjamin Kraut, and Richard A. Gilman (CR) 398

- To All My Patients, St. Louis County (Mo.) Medical Society Bulletin (PE) (CMA) 318

- Tracheotomy, Quick, Incision at an Easily Identifiable, Relatively Safe Site, Peter Oppenheimer and Francis B. Quinn, Jr. (Or.) (LE) 51, 239

- Transhepatic Cholangiography, Percutaneous, Report of a Technique, James J. McCort (Or.) 92

- Travelers, Diarrhea of, Incidence in Foreign Students in the United States, Suzanne Dandoy (Or.) 458

- Trophoblastic Disease—Concepts of Management, Fritz C. Westerhout, Jr., and William G. Slate (Or.) 179

- Troubled Adolescent Patient, The—How the General Practitioner May Be Helpful, Wilson Yandell (Or.) 26

- Tuberculous Tenosynovitis in a Patient with Hyperuricemia, Harold Wanebo (CR) 484

- Tumor, Benign, of the Common Bile Duct, Joseph J. Bahuth and John H. Winkley (CR) 307

- Tumor, Thymic, see *Myasthenia Gravis*

U

- Ulcerative Colitis, Keith B. Taylor (Or.) 191

- Unusual Bleeding Episodes, see *Hemorrhage During Long-Term Anticoagulant Drug Therapy*

- Urinary Calculi and Pregnancy, Arjan D. Amar (Or.) 106

- Use of Desferrioxamine in Treatment of Acute Ferrous Sulfate Intoxication, Robert Perlmuter and Ben Sanders (CR) 313

- Utilization Review Plan (Ed.) 133

V

- Venereal Disease, see *Granuloma Inguinale*

- Voluntary Health Insurance Coverage in California, 1952-1963 (BRP) 233

W

- Well Man Clinic, Function of the, Lewis T. Bullock (LE) 238

- William M. Gwin, M.D., Roy J. Popkin (Or.) 54

REVIEW ARTICLES

- Ambulatory Treatment of the Psychotic Crisis, Morton R. Weinstein (Or.) 79

- Antinuclear Antibodies and Nuclear Antigens, Eugene V. Barnett 463

- Current Status of Heart Replacement, Albert B. Iben (Or.) 387

- Post-Transfusion Hepatitis—A Serious Clinical Problem, J. Garrott Allen (Or.) 293

- Ulcerative Colitis, Keith B. Taylor (Or.) 191

SCIENTIFIC BOARD

- Statement on Coronary Care Units, Stanford S. Kroopf, M.D., Chairman, Project Committee on Coronary Care Units, California Heart Assn. 201

EDITORIALS

Annual Session—1966	409
California's New Director of Public Health (Lester Breslow)	61
Casey Bill, The (State Program for Needy)	60
Important Meeting in Prospect.....	223
Important New Job for CPS.....	315
New Dean at Davis.....	73
Plusses and Minuses—California Medical Assistance Program	497
Utilization Review Plan (Hospital Staff)	133

CALIFORNIA MEDICAL ASSOCIATION

Actions of House of Delegates.....	499
Acute Cardiac Care—The Role of the Registered Nurse, Joint Statement by the California Medical Association, California Hospital Association, and California Nurses' Association (see also <i>Statement on Coronary Care Units</i>) (RSB)	228
Cancer Advisory Council, Public Health Report.....	532
Committee on Occupational Health: Medical Supervision of Organic Phosphate Pesticide Workers....	323
Continuing Medical Education:	
Medical Radio Conferences.....	141
Evaluating Postgraduate Courses.....	326
Continuing Education in the Community Hospital	411
Council Meeting Minutes:	
515th Meeting, 30 to 31 October 1965.....	62
516th Meeting, 11 December 1965.....	135
517th Meeting, 16 January 1966.....	224
518th Meeting, 19 February 1966.....	319
519th Meeting, 18 to 23 March 1966.....	524
520th Meeting, 23 March 1966.....	528
John G. Morrison, President-Elect.....	317
Proposed Constitutional Amendments for Action in 1966	68
Actions	520
Proposed Constitutional and Bylaw Amendments for Action in 1967.....	521
Role of the Nurse in Drawing Blood for Test Purposes—Joint Statement by the California Nurses' Association, the California Hospital Association, and the California Medical Association.....	412
To All My Patients, St. Louis County (Mo.) Medical Society Bulletin (PE).....	318

BUREAU OF RESEARCH AND PLANNING

Measures of Health Personnel in California.....	334
Professional Problems in Federalized Health Care Abroad	146

Voluntary Health Insurance Coverage in California, 1952-1963	233
--	-----

INFORMATION

Tape Recordings in Medical Education—The Pioneering Role Played by the CMA's Audio-Digest Foundation, Claron L. Oakley.....	534
---	-----

BOOK REVIEWS

Advances in Blood Grouping II, <i>Wiener</i>	343
Bone Tumors, <i>Lichtenstein</i>	248
Ciba Foundation Symposium—Colour Vision, <i>de Reuck and Knight</i>	247
Clinical Anticoagulant Therapy, <i>Vigran</i>	344
Colour Vision—Ciba Foundation Symposium, <i>de Reuck and Knight</i>	247
Current Concepts of Clinical Gastroenterology, <i>Gamble and Wilbur</i>	159
Current Technique of Aortoiliac and Femoropopliteal Endarterectomy for Obliterative Atherosclerosis, <i>Cannon</i>	248
Diseases of the Newborn—2nd Ed., <i>Schaffer</i>	158
Essentials of Gynecology—3rd Ed., <i>Taylor</i>	343
Essentials of Roentgen Interpretation—2nd Ed., <i>Paul and Juhl</i>	343
Fluid and Electrolytes in Neurological Surgery, <i>Wise</i>	248
Fracture Problems, <i>Harris et al.</i>	158
Gastroenterology—Vol. III, 2nd Ed., <i>Bockus</i>	342
General Anaesthesia—Vols. 1 and 2, <i>Evans and Grey</i>	344
Give and Take, <i>Moore</i>	245
Management of Juvenile Diabetes Mellitus, <i>Traisman and Newcomb</i>	246
Neurological Surgery of Trauma, <i>Office of The Surgeon General, Dept. of the Army</i>	245
Obstetrics—13th Ed., <i>Greenhill</i>	247
Perspectives in Virology IV, <i>Pollard</i>	159
Physical Examination of the Joints, <i>Beetham, Jr. et al.</i>	158
Principles of Chest Roentgenology, <i>Felson et al.</i>	247
Progress in Medical Genetics—Vol. IV, <i>Steinberg and Bearn</i>	159
Refraction, <i>Reinecke and Herm</i>	247
Rypins' Medical Licensure Examinations—10th Ed., <i>Wright</i>	247
Surgery of the Foot—2nd Ed., <i>DuVries</i>	342
Textbook of Obstetrics, <i>Ullery and Hollenbeck</i>	158
Therapeutic Radiology—2nd Ed., <i>Moss</i>	344
Viral and Rickettsial Infections of Man—4th Ed., <i>Horsfall and Tamm</i>	343
Year Book of Anesthesia (1965-1966 Year Book Series), <i>Cullen</i>	245

DEATHS

Abbott, LeRoy C., San Francisco, 19 Dec. 1965.....	142
Alexander, Charles Burton, Palm Desert, 10 April 1966	531
Barbour, Constance, Berkeley, 27 Nov. 1965.....	69
Bassham, Byron Earl, El Centro, 21 Nov. 1965.....	69
Beardsley, John R., San Diego, 22 Jan. 1966.....	229
Beck, Joseph Karl, Newport Beach, 26 Jan. 1966.....	229
Bennett, Charles Ross, Merced, 12 Feb. 1966.....	328
Boden, Herbert Neal, Santa Ana, 21 Dec. 1965.....	413
Breslin, Frank J., Los Angeles, 1 March 1966.....	328
Briggs, Wilford M., Monrovia, 14 Dec. 1965.....	142

Brizee, John Warren, Anaheim, March 1966.....	413
Browning, George L., Sacramento, 26 Nov. 1965....	69
Burrows, Lloyd Alvan, Anaheim, 22 Oct. 1965.....	413
Buttram, Clarence A., Mendota, 20 Nov. 1965.....	325
Carpenter, Charles Milton, Los Angeles, 25 March 1966	413
Clark, J. Emmet, Oakland, 8 March 1966.....	413
Clausen, Edwin G., Berkeley, 12 Feb. 1966.....	328
Cooper, Gilbert O., Los Angeles, 10 Oct. 1965.....	229
Craig, Lyle Glenn, Pasadena, 6 April 1966.....	531
Crever, James Willis, Jr., Susanville, 29 Dec. 1965..	229

Cryst, James H., Los Angeles, 17 March 1966.....	413
Cullen, Edward R., Long Beach, 22 Jan. 1966.....	229
Davison, Claude Lorraine, Los Angeles, 10 Feb. 1966	328
De Rusha, Donald William, Costa Mesa, 26 Feb. 1966	328
de Valinger, Henry C., Gardena, 10 Dec. 1965.....	328
Doehring, Carl Frederic, Altadena, 1 Oct. 1965.....	69
Dozier, Elizabeth Gist, San Fernando, 26 Feb. 1966	328
Dozier, Linwood, Stockton, 23 March 1966.....	413
Ehrke, Albert Adolph, Dinuba, 9 Dec. 1965.....	69
Emerson, Charles Van Arsdale, Montebello, 9 March 1966	531
Ewens, Frederic, Manhattan Beach, 4 Dec. 1965.....	69
Faires, Lucius Benjamin, Hollywood, 15 Feb. 1966..	328
Ford, Roscoe Aaron, Los Angeles, 1 Dec. 1965.....	328
Fraser, Hugh Miller, Oakland, 20 March 1966.....	413
Fry, Frederick Xavier, Jr., Monterey, 1 Feb. 1966....	328
Fulmer, Charles C., San Francisco, 2 March 1966..	328
Galligan, Chas. A., Jr., Carmel Valley, 21 Dec. 1965	142
Garner, Geo. William, Carmel Valley, 6 Feb. 1966..	328
Garth, William Leroy, La Jolla, 10 Dec. 1965.....	142
Hass, Clarence Earl, Berkeley, 1 March 1966.....	328
Heiligman, Raymond, Orange, 30 Dec. 1965.....	413
Henderson, H. Edwin (Harry), Santa Barbara, 13 April 1966.....	531
Heron, Ivan C., San Francisco, 29 Jan. 1966.....	229
Hidy, Klore William, Alamo, 14 August 1965.....	142
Hippach, Roscoe Martin, Yucaipa, 30 Jan. 1966....	229
Humphrey, Norton R., Riverside, 1 Feb. 1966.....	413
Jellen, Joseph, Los Angeles, 11 Dec. 1965.....	142
Johnson, Donovan, Santa Ana, 11 Feb. 1966.....	328
Johnson, Edith E., Palo Alto, 7 March 1966.....	531
Johnson, Robert Hilding, Berkeley, 9 March 1966..	413
Jones, F. Harriman, Long Beach, 22 Jan. 1966.....	229
Kaven, Henry A., Oakland, 8 March 1966.....	329
Kawalek, Marcel I., Anaheim, 12 March 1966.....	531
Kelety, Eugene, Bell Gardens, 20 Dec. 1965.....	142
Kelly, Frank Joseph, Tiburon, 5 Feb. 1966.....	329
Keys, Samuel, Los Angeles, 20 Feb. 1966.....	329
Kirchner, Arthur A., Los Angeles, 3 Jan. 1966.....	142
Kitagawa, Kay J., San Francisco, 6 March 1966....	329
Knerler, Charles W., Los Angeles, 10 March 1966....	413
Knowlton, John C., Kern City, 26 Aug. 1965.....	531
Koennecke, Clarence H., Los Angeles, 17 April 1966	531
Konwaler, Benjamin Edward, Garden Grove, 27 Nov. 1965	329
Langstroth, Lovell, San Francisco, 19 Jan. 1966.....	229
Lentz, Jack Raymond, Bakersfield, 20 Dec. 1965.....	329
Lewis, Charles Harold, Corona Del Mar, 30 March 1966	413
Linthicum, Frederick H., Sr., Los Angeles, 28 Feb. 1966	329
Lowery, Vincent Edward, San Francisco, 24 Jan. 1966	229
Yeon, Chester Harold, Los Angeles, 22 Nov. 1965....	69
MacDonald, Francis B., Livermore, 16 Jan. 1966....	229
Maddox, Ralph L., Novato, 19 Nov. 1965.....	69
Mann, Harry Herbert, Los Angeles, 22 Jan. 1966....	413
Mark, Bernard John, Beverly Hills, 9 Feb. 1966.....	329
Mason, Burgess Belknap, Laguna Beach, 27 Jan. 1966	413
McGee, John W., Los Angeles, 12 March 1966.....	414
McGuire, James Balfour, Mt. Shasta, 3 Sept. 1965....	142
Melkonian, Leon, Gilroy, 8 Aug. 1965.....	329
Musfelt, W. Stanley, Santa Ana, 26 Feb. 1966.....	329
Nielsen, Cedric A., Camarillo, 5 Feb. 1966.....	229
Nielson, Joseph L., Jr., Whittier, 17 Feb. 1966.....	414
Orowoll, Harold S., Sunnyvale, 26 Feb. 1966.....	531
Ouer, Roy Alexander, San Diego, 6 Feb. 1966.....	229
Parkinson, Roy H., San Francisco, 2 March 1966....	329
Player, Lionel Paget, Pacific Grove, 16 Dec. 1965..	142
Price, Edgar, Los Angeles, 29 March 1966	531
Renshaw, R. John F., Santa Ana, 21 Nov. 1965....	329
Reynolds, T. Gordon, Loma Linda, 7 March 1966..	414
Roberts, B. D., Anaheim, 3 April 1966.....	531
Robinson, Paul Timothy, Richmond, 1 Feb. 1966....	229
Roome, Adolph Edward, Los Angeles, 20 Feb. 1966	329
Roos, Denver Dunbar, Corona, 6 Dec. 1965.....	329
Ruth, Gerhard Daniel, Los Angeles, 3 Feb. 1966....	229
Ryan, Clark David, Laguna Beach, 29 April 1966....	531
Salisbury, Harry Robert, Burbank, 24 Jan. 1966....	230
Scherr, Peter Joseph, La Mirada, 8 March 1966....	414
Schmahl, Philipp J. R., Redlands, 23 Dec. 1965....	142
Shaw, Luther U., Canoga Park, 5 Nov. 1965.....	69
Smalley, J. Warner, Stockton, 12 March 1966.....	414
Smith, Gerald Walker, Burlingame, 10 April 1966..	531
Snyder, George Samuel, San Francisco, 21 Feb. 1966	329
Spomer, Isaac, Tulelake, 17 Dec. 1965.....	230
Sprague, Gerald True, Van Nuys, 11 Nov. 1965.....	69
Sprout, William Matthew, San Jose, 5 April 1966....	531
Stadler, Erman, San Jose, 11 March 1966.....	531
Stoll, John E., Monrovia, 14 Jan. 1966.....	230
Strouse, Solomon, Beverly Hills, 28 April 1966....	531
Stuart, Hugh Alexander, San Jose, 19 Nov. 1965....	69
Sweeley, Merle E., Williams, 16 Feb. 1966.....	329
Tamburello, Nino E., Santa Barbara, 21 Dec. 1965..	142
Tatkin, Sylvan Oscar, Tujunga, 11 April 1966....	531
Thuresson, Paul F., Riverside, 23 Feb. 1966.....	329
Tway, Lawrence Edward, Los Angeles, 14 Feb. 1966	414
Verbryck, George Garrison, 11 April 1966.....	531
Wall, Herbert William, Yucaipa, 30 Nov. 1965.....	69
Ware, Charles Wesley, Pasadena, 22 Feb. 1966.....	329
Weedn, Henry John, Newport Beach, 12 Nov. 1965..	69
Winkler, Ralph K., Stockton, 12 Jan. 1966.....	230
Winter, William G., Fresno, 8 Jan. 1966.....	230
Yein, Chung Sang (Charles), Carmichael, 18 Dec. 1965	142

